

**DO NOT REPORT AIRCRAFT ACCIDENTS AND CRIMINAL ACTIVITIES ON THIS FORM.**  
**ACCIDENTS AND CRIMINAL ACTIVITIES ARE NOT INCLUDED IN THE ASRS PROGRAM AND SHOULD NOT BE SUBMITTED TO NASA.**  
**ALL IDENTITIES CONTAINED IN THIS REPORT WILL BE REMOVED TO ASSURE COMPLETE REPORTER ANONYMITY.**

(SPACE BELOW RESERVED FOR ASRS DATE/TIME STAMP)

**IDENTIFICATION STRIP:** Please fill in all blanks to ensure return of strip.

NO RECORD WILL BE KEPT OF YOUR IDENTITY. This section will be returned to you.

**TELEPHONE NUMBERS** where we may reach you for further details of this occurrence:

**HOME** Area \_\_\_\_\_ No. \_\_\_\_\_ Hours \_\_\_\_\_

**WORK** Area \_\_\_\_\_ No. \_\_\_\_\_ Hours \_\_\_\_\_

**NAME** \_\_\_\_\_

**ADDRESS/PO BOX** \_\_\_\_\_

**CITY** \_\_\_\_\_ **STATE** \_\_\_\_\_ **ZIP** \_\_\_\_\_

**TYPE OF EVENT/SITUATION** \_\_\_\_\_

**DATE OF OCCURRENCE** \_\_\_\_\_  
 (MM/DD/YYYY)

**LOCAL TIME (24 hr. clock)** \_\_\_\_\_  
 (HH:MM)

**PLEASE FILL IN APPROPRIATE SPACES AND CHECK ALL ITEMS WHICH APPLY TO THIS EVENT OR SITUATION.**

#### EXPERIENCE

Describe your qualifications ☐ A & P ☐ A ☐ P ☐ repairman ☐ inspection authority ☐ FCC ☐ other \_\_\_\_\_

What is your technician/main-tenance experience in years? lead technician \_\_\_\_\_ technician \_\_\_\_\_ repairman \_\_\_\_\_ avionics \_\_\_\_\_  
 other \_\_\_\_\_

#### FACTORS

Location \_\_\_\_\_

Was training a factor? ☐ Yes ☐ No ☐ I was instructing ☐ I was receiving training

What other factors may have contributed? ☐ lighting ☐ work cards ☐ briefing  
☐ weather ☐ manuals ☐ other \_\_\_\_\_

Check items which were involved in the event

inspection	<input type="checkbox"/> Yes <input type="checkbox"/> No	installation	<input type="checkbox"/> Yes <input type="checkbox"/> No
testing	<input type="checkbox"/> Yes <input type="checkbox"/> No	scheduled maintenance	<input type="checkbox"/> Yes <input type="checkbox"/> No
repair	<input type="checkbox"/> Yes <input type="checkbox"/> No	MEL	<input type="checkbox"/> Yes <input type="checkbox"/> No
logbook entry	<input type="checkbox"/> Yes <input type="checkbox"/> No	*other _____	
fault isolation	<input type="checkbox"/> Yes <input type="checkbox"/> No	(*Describe in the Describe Event/Situation sector)	

Component/System/Sub-system involved: \_\_\_\_\_

Was maintenance deferred? ☐ Yes ☐ No

When was problem detected? ☐ routine inspection ☐ while aircraft was in service at gate  
☐ in-flight ☐ pre-flight  
☐ taxi ☐ other \_\_\_\_\_

#### CONSEQUENCES/OUTCOME

<input type="checkbox"/> flight delay <input type="checkbox"/> flight cancellation	<input type="checkbox"/> gate return <input type="checkbox"/> in-flight shut down	<input type="checkbox"/> aircraft damage <input type="checkbox"/> rework	<input type="checkbox"/> improper service <input type="checkbox"/> air turn back <input type="checkbox"/> other _____
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#### AIRCRAFT/AIRWORTHINESS STATUS

#### MISSION

#### OPERATOR

☐ aircraft released for service  
☐ aircraft records completed  
☐ aircraft required documents aboard  
☐ not released for service  
☐ unknown

☐ passenger  
☐ cargo  
☐ business  
☐ training  
☐ pleasure  
☐ other \_\_\_\_\_

(Check all that apply)

<input type="checkbox"/> air carrier	<input type="checkbox"/> government
<input type="checkbox"/> commuter	<input type="checkbox"/> military
<input type="checkbox"/> corporate	<input type="checkbox"/> part 121
<input type="checkbox"/> air-taxi	<input type="checkbox"/> part 135
<input type="checkbox"/> charter	<input type="checkbox"/> repair station
<input type="checkbox"/> FBO	<input type="checkbox"/> self employed
<input type="checkbox"/> flight school	<input type="checkbox"/> other _____

#### TYPE OF AIRCRAFT (MAKE/MODEL) AND ENGINE TYPE

type of aircraft \_\_\_\_\_ series \_\_\_\_\_ ATA Code \_\_\_\_\_  
 aircraft zone \_\_\_\_\_ engine model \_\_\_\_\_ other \_\_\_\_\_

## NATIONAL AERONAUTICS AND SPACE ADMINISTRATION

NASA has established an Aviation Safety Reporting System (ASRS) to identify issues in the aviation system which need to be addressed. The program of which this system is a part is described in detail in FAA Advisory Circular 00-46D. Your assistance in informing us about such issues is essential to the success of the program. Please fill out this form as completely as possible, enclose in a sealed envelope, affix proper postage, and send it directly to us.

The information you provide on the identity strip will be used only if NASA determines that it is necessary to contact you for further information. THIS IDENTITY STRIP WILL BE RETURNED DIRECTLY TO YOU. The return of the identity strip assures your anonymity.

**NOTE:** AIRCRAFT ACCIDENTS SHOULD NOT BE REPORTED ON THIS FORM. SUCH EVENTS SHOULD BE FILED WITH THE NATIONAL TRANSPORTATION SAFETY BOARD AS REQUIRED BY NTSB Regulation 830.5 (49CFR830.5).

## AVIATION SAFETY REPORTING SYSTEM

Section 91.25 of the Federal Aviation Regulations (14 CFR 91.25) prohibits reports filed with NASA from being used for FAA enforcement purposes. This report will not be made available to the FAA for civil penalty or certificate actions for violations of the Federal Air Regulations. Your identity strip, stamped by NASA, is proof that you have submitted a report to the Aviation Safety Reporting System. We can only return the strip to you, however, if you have provided a mailing address. Equally important, we can often obtain additional useful information if our safety analysts can talk with you directly by telephone. For this reason, we have requested telephone numbers where we may reach you.

**Thank you for your contribution to aviation safety.**

If you want to mail this form, please fold both pages (and additional pages if required), enclose in a sealed, stamped envelope, and mail to:



NASA AVIATION SAFETY REPORTING SYSTEM  
POST OFFICE BOX 189  
MOFFETT FIELD, CALIFORNIA 94035-0189

If you wish to submit online, click the **Submit** button at the bottom of page 2 or 3 when complete.

### DESCRIBE EVENT/SITUATION

Keeping in mind the topics shown below, discuss those which you feel are relevant and anything else you think is important. Include what you believe really caused the problem, and what can be done to prevent a recurrence, or correct the situation. ( USE ADDITIONAL PAPER IF NEEDED)

#### CHAIN OF EVENTS

- How the problem arose
- How it was discovered
- Contributing factors
- Corrective actions

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#### HUMAN PERFORMANCE CONSIDERATIONS

- Perceptions, judgments, decisions
- Actions or inactions
- Factors affecting the quality of human performance

**DESCRIBE EVENT/SITUATION, continued...**

**CHAIN OF EVENTS**

- How the problem arose
- Contributing factors
- How it was discovered
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**HUMAN PERFORMANCE CONSIDERATIONS**

- Perceptions, judgments, decisions
- Factors affecting the quality of human performance
- Actions or inactions